

STATEMENT NIÓ PLAN D	TOF DEFICIENCIÉ À GORRECTION	(X1) PROMIDENSUPPLE IDENTIFICATION NU HFD12-0021	r/Clia Muer:	A, BUILDIN B, WIND	PLE CONSTRUCTION	STAG (EE)	10/2067	
KENNED,	ROVIDER OR SUPPLIER		STREET ADOR 4418 197H WASHINGT	ST, NE	STATE ZIP COOK D016			
(X4) ID PREFIX TAG	(EACH ORFIGIENC	ATEMENT OF DEPICIENCE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL {	ID PRĚŤIX YAG	PROVIDER'S PLAN OF CORRE (BACH CORRECTIVE ACTION SHE CROSS-186 FERENCED TO THE APP DEFICIENCY)	DULD BE	COMPLETE DATE	
1 000	A licensure survey 7 and September 1 1 this facility. One years of age; howe age from 67 to 87; a diagnosts of mer range from severe women also had p: numerous medical of three women we this survey.  The findings of the observations, inter ours tasif, and adn reviewed included	was conducted on S 10, 2007. Five wome is individual in the faci- iver, the other lour re- year, the other lour re- year, the other lour re- iver, the other lour re- iver, the other lour re- to mild cognitively. To sychiatric diagnoses diagnoses. A randor as selected for review as survey were leased views with residents, infrastrative staff. Re- medical, clinical, point and incident reports	eptember on resided lity was 37 onged in idual had veried in hase as well as on sample during on direct cards cles,	1000	Please note: Executive Director is: Daphne Pallozzi  Agency Name: The Lt. Joseph P. Kennedy Institute Catholic Charities (JPKI of CC)	of	as d	
1042		ERVICE / DINING A	REAS	1 042				
	Modified diets shall (b) Planned, prepa who have received and	Il be as follows: red, and served by in Linstruction from a di	etitian;					
	Based on interview and Administrator, training records, the modified dieta wen	mult as avidenced by a with the Registered review of medical re- e facility failed to ense a planned, propered, als who have received sletitles.	Nurse cord and one that and	n nah	Each staff will be trained of modified diets and JPKI will document training record will be filed in a hot training book. JPKI of CC	ill vith raining use will	12/30/07	The second state of the se
	modified diets. The	ie; s in the semple recell eir diets included no e er diet. The training r	idded sell,		monitor trainings with qua- reviews from Program Ma- and Quality Assurance.		· · ·	
		DEMISUPPLIER REPRESE)	TATIVE'S SIGNA	****	TITLE DI LA	des.	COLUMNIA ISSUE STATE TO THE	67

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STATEMENT AND PLAN Ó	r of deficiencies of correction	(X1) FROVID!!R/6UPPLIE  DENTIFICATION NU/	RIQUA MBER:	(X2) MULT A. BUILDII E. WING	PLE CONSTEL OTION	(X3) DATE CDMP	EURVEY LETED
		HFD12-0021		,	45-50 500 5005	09/	10/2007
NAME OF P	ROVIDER OR SUPPLIER Y		4418 19TH WASHING	I ST, NE	8TATE, ZIP CQ:)6 20018		
(X4) IO FREPIX TAB	JEACH DEFICIENC	TEMENT OF DEFICIENCIE ( MUSY DE PRICEDED BY BC IDENTIFYING INFORMA	FULL	ID PREPIX DAT	PICATORES PLAN OF C (EACH CORRECTIVE ACTIO CROSS-HEPERENCED TO TH DEPICIENCY	DN SHOULD BE IS APPROPRIATE	DATE
1042	Continued From pa	nce 1		1042	,	·	
	AM and at 2:20 PM training dated April the RN, which occi September 10, 200 nutritionist had becouple of months, acknowledged that both she and the edocuments that extra the second state of the second state	eptember 10, 2007 at contained a nutrition 2008. During discus irred at 2:30 PM on 17, it was etited that in in the GHMRP with the Deputy Director on September 7, 201 unveyor attempted to denced staff training recontaining rec	nal histon with the nin the last 07, that seek ; however,				
1 043	3502.2(c) MEAL S	ERVICE / DINING AF	REAS	1 049			-
	Modified diete shall	be as follows:					
	(c) Reviewed at les	et quarterly by a diet	itian.		i		
	Based on interview clinical and training	met as evidenced by a with sign and ravio a diets were reviewe fact.	w of failed to		i i	MA Jan	रणाः देव केरकारः । । <b>गर्वेदर्</b> षः इ <b>न्युक्ति</b> स्थरः । स्थान <mark>ेस्यसम्बद्धिः</mark>
}	The findings includ	e:			Both #1 and #3 will rea	cive	12/30/07
	Two of three ladies were prescibed mo physician's orders diets included ma a fiber diets. There windividuals' clinical to verify that the die	i (#1 and #2) in the sidified diets according that of September 200 deed sait, low choice in the records or the training its or menus had been unarterly by a dietition.	y to their DZ. Their stand, e y records	, <u> </u>	modified dict recomme from a licensed Dietici dicts are approved by a staff will receive traini dicts and implement m maintained and monito licensed dictician quan	endations an Once he PCP, ng on such enus red by a terly,	in manual section of the section of
esith Régul	menus had not bed	September 7, 2007, t en changed; therefore t having changes to	e, there	. ,	Nursing, Program Mar Quality Assurance will progress on a quarterly	monitor	
TATE FOR			4	lh <b>a</b>	VB8Q11	li dentinu	ation street 2 of 16
	.4,2007 <b>12:02</b> A		,	20244	-	W	Pege 4

	OF DÉMICIENCIÉS IF CORRECTION	DATE PROVIDER/SUPPLIES IDENTIFICATION NUMBER OF THE PROVIDER O	ercua IMBER:	8 MING	R CONSTRUCTION	OCI) DATE 4 COMPLE 	0/2007	
KENNED	ROMDER OR SUPPLIER Y		STAGE ADDA 4419 19TH WASHINGT	BT. NE	ATE, 21P 60 78	,		
(X4) ID PREFIX TAG	CHACH CHRISTIAN	Tatriment of Deficience Cy must be preceded by Lusc Joentifying 1470 RM	CEULL I	IO PREFIX TAG	PREMIDERS PLAN OF GEACH CORRECTIVE ACT CROSS-REFERENCED TO DEFRIENCE	TON SHOULD PE THE APPROPRIATE	(#8) COMPLETE DATE	
	Each GHMRP shipreparation and a care of squipment to maintain sanital managed on interview of the determined that it staff were trained sanving of food, it squipment, and it maintain sanitary. The finding incluing maintain staff were haben to entification. The staff were haben certification alliho September 7, 20 3504.1 HOUSE!	cumentud or stated ex aff propering meals at on his been cartifled and his obtained a foculand counsolor and a lead counsolor and a swell and denied having and they prepared the or.	y: y: y: port etaff uld not be red that retion and of er to i.	1 000	Staff training regard and Food Sanitation identified and documbe forwarded in part CC's Plan of Correct without training will within the completed Program Manager with trainings at the performance evaluation training identified at that timpractice will be combomes.	will be mentation will of JPKI of tion. Staff be completed a time frame. Ill monitor annual ion and s will be e. This	11/30/07	Action of Comments and Comments of Comment
	Based on the en	lot mat as evidericad t virorimental inapaction optember 7, 2007, the	١ ا				L	

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TATEMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSURPLE RESTIFICATION NO HPD12-0021	er/glia Miùèr:	QQ) MULTIPE A. BULLDING D. WING	E CONSTRUCTION	(XS) DATE B COMPLE 09/1	0/2007	
	ROVIDER OR SUPPLIER		91REET ADD	RESS, CITY, BY	ATÉ, ZIP CC CE			
KENNED	Y			TON, DC 200	d8 .		l	
(X4) ED PREFIX TAG	(EACH DEFICIENC	ATOMENT OF DEFICIENCI Y MUST BE PRECEDED BY LBC: IDENTIFYING IMPORM	/ FUU.	PREPIX TAG	PR: NADER'S PLAN OF COR (EAC): (CORRECTIVE ACTION: CROSS: REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE	
1 090	Continued From pa	age 3		1 090		,		
	the GHMRP had be clean, orderly, attra	at the interior and ext sem maintained in a : Ictive, and sanitary n Alations of dirt, rubble 5.	safe, nannar		I-A. An estimate of the countertop will be resear Cutting boards were puron 9/8/07. (See attache	rched. rchased	11/30/07 9/9/07	
		mental inspection co 007 at 2:05 PM the fi			receipt) I-B. Rubber gasket in the refrigerator will be clear maintained weekly. I-C. Work order will be	ned and	11/30/07	
	Kitchen     A. There were are:	es of discoloration a	nd		submitted to replace tile II-A. Chairs will be elected and covered with a slip	es. encd	11/30/07	
	areas with cutting to B. The rubber gast cleaning of food pa	ket in the refdyerator rikdes, kitchen were loose 1	needed		<ul> <li>II-B. The living room v free from dirt and dust dusting and wiping dov furniture.</li> <li>III. The boxes in the ba</li> </ul>	by vn ali	11/30/07 11/30/07	
1	II. Living Room  A. There were three	e wom and discolon	 ad hjah 💥	· — yr · 4 ·· Jisiini vi- · · · Safaddan	will be removed; paper filed orderly and stored inconspicuous location	in an	, a , and a company of the company of the company	The second secon
		haira thát nácciád to d.			basement.  IV. Carpet will be shan and steamed clean.	npooed	11/30/07	
	flies, etc. in the con	groe had stacks of b na's of the alting are no sou ton bib washin	ia, Staff		V. A work order will be submitted to fix dresses	•	11/30/07	
	and apolled.	el in her bedroom la			drawers. If furniture is to be repaired, a purcha will be completed for a	ise order		
	V. One of Client # broken from the fra	2'n drasser drawers ' Tru.	WAS.		purchase.		1 100 P.S. (#3)	g nder - north de

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ANO PLAN	IT OF ORMICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM HFD 12-0021	iolin:	A BUILDIN B. WING _		09/10/2007		
NAME OF F	PROVIDER OR SUPPLIED OY		STREET ADDA 4419 19TH WASHINGT	ST. NE	9TATE, 2:91:COE 0018			
(X4) ID PREPOX TAG	TUMMARY 3T. (EACH DEFIDIENT) REGULATORY ON I	ntement of depiciencies y must be preceded by i .SC )Dantifying informat	TION)	ID PREFEX TAG	Primider's Plan of Corr (841) Corrective action 8 Crob 5-referenced to the A DBFICIANCY)	MOULD BE	(JES) COMPLETE DATE	
0801	VI. Each of the thr on the floor.	ee bedroom diasets h	ad clutter	090	Each closet will be nest organized and labeled w color designating storag	vith se units.	11/30/07	
1 100	3504.16 HOUSEKI		1.	109	Dining room cushions v replaced.	VIII De	11/30/07	
, 100	Each GHMRP shall licits of clothing as	il lebei inconspicuously belonging to a particul ad in his or her individu	/ each					
	Based on the anvironment of the second of th	met as evidenced by: onmental inspection ember 7, 2007, the Gi- splouously each item og to a particular resid	HMRP		e te	~ · · · · · · · · · · · · · · · · · · ·	to an any transfer in the second seco	=7 *:-
	The finding include	<b>5</b> .		-				
	conducted on Septi approximately 2,05 ware observed. It is shared a bedroom individual. The clos- were stacked on the Manager acknowle-	onmental inspection embar 7, 2007, at PM, clients' personal i was discovered that cli and closet with anothe set was small and co-mingled diged that the individus to identify their own ci	ent #1 hing 1. The		Each closet will be neat organized and labeled w color designating storag for each client. Clothes client will be labeled in inconspicuous location of item of clothing.	rith e units of each an	11/30/07	
	Several of the cloth by the individuals' is	ing articles were not k	lentified	MUSEUM PAGE:		engler Poppers (2000) (m)	giga (Nasiĝis   1) Presi <b>tantinas e</b> 1 (1)	(7) May 1
	then by size of the	a closet with client #4 lothing, it could not be owner of varied articl	.		Inventory lists will be maintained and reviewe quarterly by Program M		11/30/07	
alth Regine	idón Administration	<del></del>		i				
ATE FORM			-	VI	38017	II esnôviacio	H Sheet Bof 18	
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	PROVIDER OR BUPPLER		4419 19T	H ST. NE	statë, zip ccoë			
KENNED		1		TON, DC 2				
(X4) ID PREFIX TAB	PEACH DEFICIENC	NTEMENT OF LIBERCHENCIES Y MUST BE PRECEDED BY I BC IDENTIFYING INFORMA	TULL.	PREFIX TAG	PINI/VIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH OROSIL-REPERENCED TO THE APP DISFICIENCY)	OULD BE ROPRIATE	(ES) CAMPLETE SATE	
1135	Continued From pa	age 6		1135			<u> </u>	7 1
ł 135		Il conduct simulated fin factiveness of the plan		1195				
	Based on review of GHMRP failed to o	met as evidenced by: f the GHMRP's fire dri onduct simulated fire scriveness of the plan in for each shift.	ii log the drills in					
	2007 at 4;22 PM, had not been cond hours or during the regular swakening determined that the	e:  previewed on Septent was identified that for ucted during Identified early Aft hours prior hour. It could not be a Gi-MRP had conducted least four (4) times	e drills   <b>asleep</b> to the		Fire drills will be conductour times a year for each This will be monitored by the Program Manager an Quality Assurance quarted during reviews.	ı shift. y both d	12/30/07	* * * * * * * * * * * * * * * * * * *
l 181	The manual shall b	AND PROCEDURES  e approved by the government  representations of the government  representation of the province of the government  representation of the province of the government  representation of the governm		1161	ر مسود در المسود			nag naga naga naga naga naga naga naga
	The finding include The policy and pro-	mat as evidenced by: a: ::edwal manual provid r was not dated and/o tithed been reviewed	ed by raigned		Updated Policies and Procedures will be reviewith all staff and signed.	wed	11/30/07	
iesith Regui TATE FOR	ation Administration M	,	. ** s.	v	BBQ71		ion stout 6 of 15,	
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	r of Deficiencies of Correction	(XI) PROVIDER/BUPPLIE IDENTIFICATION NO HFD12-0081	imber:	A. BUILDIN		(X4) DATE SI COMPLE OB/1(	JRVEY TED 0/2007	
NAME OF P	ROMOER OR SUPPLIER Y		4419 1977		STATE, ZIP CODE 0018			
(X4) ID PREFIX YAG	IBACH DEFICIENC	ATRIJENT OF DEFICIENCE OF MUST BE PRECUDED ST LEST IDENTIFYING INFORM	rFoll {	(D PRIME TAG	Prinders Plan of Cos (Each Corrective Action Oross-Neteringed To The Opposite (Printer)	SHOULDBE	CONFLETS CATIL	
1 184	Continued From p	ago 6		184				
1184	3508.5(a) ADMINI	STRATIVE SUPPOR	T .	1 184				
	Each GHMRP sho that shows the folio	ill lieve an organizatio owlag:	on chent	,				
,		enents of the adminis s of individuals when agancy;						
	This Statute is not The findings include	t met as evidenced by ie:	у:					
	Manager on Sopte This surveyor was organizational cha	chart was requested in the received at 10:4 net provided a copy of throughout the sunscend in the spure!	2 AM, orthe way. This		Organizational Chart of J is attached and will be ad policy and procedures ma	ded to the	10/4/07	
1 185	9508.5(b) ADMINI	STRATIVE SUPPOR	क 🕴	1185 .		1816		- ,
	Each GHMRP sha that shows the folia	ili have en organizatio owing:	on chart	,,				
	(b) The personnel components;	in charge of the prog	<b>⇔</b> m .					
	This Statute is not The findings include	t mat as evidenced by ie:	r.		Organizational Chart of J	PKI of CC	10/4/07	
	Manager on Septe This surveyor was	shirt was requested omber 7, 2007 at 10:4 not provided a copy of throughout the sufficient sufficients.	2 AM. of the	<del></del>	is attached.		<del></del>	
	determine persons components. This	i in charge of the pro Information was elec- icks and procedural i	gram tot	Page 82		(=0) tr	an in a garage and a second and a	د وده و دوستان دوستان و هما به دوستان دوستا
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Rich Regule ATE FORM	nion Administration					V nombrausijo	en elment 7 cd 15	

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AND PLAN	T OF DEFICIENCIÉS OF CORRECTION	(X1) PROMOBE/SUPPLIE IDENTIFICATION NU HED12 0021	IMBER:	B MING		(XS) DATE & COMPLI	UAVEV ETED 0/2007	
KENNED			4419 18TI					
(KA) ID PREFIX TAG	SUMMARY 67/ (BACH DEACHEND REGULATORY OR (	TEMENT OF PERIOENCE Y MUST BE PRECEDED BY SO IDENTIFYING INFORM	PULL NTION)	io Profix Tag	PRIVIDERS FLAN OF CO (EACH CORRECTIVE ACTION CROSS- REFERENCED TO THE DEFICIENCY)	N BHOULD BE	CONFLETE DATE	-
l 185	Continued From pe			I 188			1	
	1	TRATIVE SUPPOR	it i	I 186				
	-	l have en organizatio						
	(c) The categories and direct care sta	and numbers of sup ff, and	portive					
	This Statute is not The findings includ	met 93 ovidencad b e:	y;		Organizational Chart of CC is attached.	JPK1 of	10/4/07	A training the control of the contro
	Manager on Septe This surveyor was organizational cha- datermine the cate supportive and dire	thert was requested mber 7, 2007 at 10:4 not provided a copy t throughout the sur gories and numbers cct care staff. This in led in the policies an .	12 AM. or the vsy to of aformation					
) 187	3508.5(d) ADMINS	STRATIVE SUPPOR	₹	1 167		l		
	Each GHMRP sha that shows the folk	li have an organizatio owlng:		:   ে ১৯৮(জ)			الارواد المستويد الم	and the second s
	(d) The lines of aut	thority.		771.4		1	1	
	The findings includ				Organizational Chart of	JPKJ of	10/4/07	
	Manager on Septe This surveyor was organizational chai determine the lines	check was requested mber 7, 2007 at 10:4 not provided a copy of throughout the sures of authority. This intended in the policies and .	12 AM. or the vey to nformation		CC is attached.			
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STATEMENT AND PLAN	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIE IDENTIFICATION NU HFD12-0021	mbér:	A. BUILDI B. WING		(24) BATE E COMPL 09/1	URVEY ET60 0/2007	
NAME OF P	ROVIDER OR SUPPLIER		STRUCT ADD		BTATE, ZIP CC132			
KENNED	Υ		WASHING	TON, DC	20018		,	
(X4) ID PREFIX TAG	(RACH OFFICIENC)	TEMENT OF DEFICIENCIE NUST BE PRECEDED BY SE IDENTIFYING INFORM	า#ยเน	PREFIX TAG	PA) VIDER'S FLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-FIEFERENCED TO THE A DEFICIENCY)	HOULD BE	(XE) COMPLETE DATE	_
1 203	Continued From pe	ge B		1 203				
1203	3509.3 PERSONNI	EL POLICIES	1	1 203				1
	descriptions with ea	all discuss the conte ach employee at the liasst annually there	beginning					
	The finding include: The facility falled to ensured that all state documented discussion and the state of the staff dentifies according to the facility at the staff dentifies according to the facility are the staff dentifies according to the facility according to the staff dentification and the	met as evidenced by standard evidence the final been provided their ballone. On Septemin manager provided the dule of staffing. From a ware ten staff named was sald to be "on silly's manager during the spetember 10, 200 are no files provided to descriptions on September 10, 200 are no files provided to of the six remains on the spetember 10, 200 are no files provided to of the six remains on the spetember 10, 200 are no files provided to of the six remains on September 10, 200	et it had to 10, e surveyor in the ed. Four ouil' 10 17, et 1 for these ing staff in sis. This		Each staff member will revisign the current job descriptheir position. In part of It CC's two (2) day orientatic employees sign and review descriptions. Program Mawill review all personnel requirements and follow-uannual performance review Descriptions will be maintiful Human Resources.	tion for KI of on, new their job nagers o at the	11/30/07	S Signific
200	annually thereafter certification that a t performed and that	EL POLICIES or to employment ar shall provide a physicalth inventory has in the employee 's he har to perform the re	iclen 's boen eith status '	1 208		one grejenste –	AND THE PROPERTY OF THE PROPER	
Health Repul STATE POR	The finding includes	met as evidenced by			V88Q11	Н дорфина	Son ahnet Dor 16	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER(SUPPLIE) IDENTIFICATION NU		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(XI) DATE SU COMPLE	
<u></u>		HFD12-0021				09/10	/2007
NAMEOF	PROVIDER OR BUPPLIER		4419 19TH		BTATE, ZIP QC1>E		i i
KENNED	γ -	i	TONIHEAW		20018		
(XA) 1D PRE/HX TAG	LEACH DEBINERON	I BARAT OF CEITCIENCIE I MUST BE PRECEDED BY SO ICHMINIPYING INFORMA	E10 1	ID PREFIX TAG	PRIMER'S PLAN OF CORRECT (SACH CORRECTIVE ACTION SHOT CROSS-ISPERINCED TO THE APPR DEFICIENCY)	) LD 8(E	COMPLETE DATE
1 208	Continued From pa	g <b>a 9</b>		1206	Program Manager will develo	ра	11/30/07
·	atteast annual heal September 10, 200 provided the survey staffing. From the staff names. Four to be "on call" acco- during interview cot at 10:30 AM. Then these four employe staff falled to have !	ensure that all staff th certifications on fill 7, the facility's mena cor with a current scholaffing listing, there of the staff identified roting to the facility's retucted September is were no files provides. Five of the six recurrent health clearate done on September and one on September is done on September in the six recurrent health clearate adone on September in the six recurrent health clearate adone on September in the six recurrent health clearate adone on September in the six recurrent health clearate adone on September in the six recurrent health clearate adone on September in the six recurrent health clearate and september in the six recurrent hea	e. On ger ledule of were tan was said manager 10, 2007, led for maining mass on		memo for current staff to com their health clearances. Staff have 30 days to complete task task will be monitored annual performance review in the fut	plete will This at the	
1 223	Each training progn	ern agends and reco	nd of eteff	1 223	•		
	participation shall be and available for re- This Statute is not The findings include Review of clinical re- September 10, 200 clients \$1, \$2, and \$1 plans and had been medications. The travioused at 11:20 A September 10, 200 entitled behavioral manes; however, the date of training, idea agends.  3510.5(d) STAFF T	e maintained in the Coview by regulatory as material and the cords reviewed on 7 at 8:00 AM revealed by 13 had behavioral surprescribed psychotomethic record that will and at 2:30 PM of 7. A document that will and at 2:30 PM of 7. A document that all the document felled to mitty the trainer, and the RAINING arm shall include, but	d that pport opic as n Mas nat of staff Identity a had no	90-130N**	IPKI of CC will obtain training record from psychologist. Sin be refreshed quarterly on each behavior management plan by consultant and refreshed as not This training will be held and when the plan is updated and needed if changes exist. Prog Manager will keep a training of such trainings in the reside future practices.	aff will  / ceded, ually as record	11/30/07

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KENNED WMG OF F	ROYIDER OR BUPPLIER Y		4419 19T	PRESS, CITY, AT H ST, NE GTON, DC 200		<u> </u>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (GACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LS: DENTIFYING INFORMATION)			1D PRESE TAG	FRITADER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS REPERENCED TO THE DEFICIENCY)	N SHOULD DE APPROPRIATE	(ME) COMPLETE GATE	
I 227	Continued From pa	age 10	-	1227				
	The Statute is not The findings includ  1. Two of three late moulfied diets. The low cholesterol, fib was reviewed on S AM and at 2:20 PM training dated April PM on September 1 and been in the Git months. The Depa on September 7, 2 attempted to seek	dies in the sample realif diets included no ser diet. The training respectively 100 miles and the control of the training of the training of the training of the training within the last typ Director scknowled (07), both she and the documents that evidency, were unable to be and the course, were unable to be and the course, were unable to be and the course, were unable to be a series of the course of the c	celve added salt, ecord that it 11:20 hali d at 2:30 criticalist couple of digid that e surveyor enced		JPKI of CC is workin Waive: services to principle of the property of the prope	ovide nce all nurse from PCP rovided to s will be seview. itored Manager	12/30/07	
I 229	3510.5(f) STAFF T Each training programmited to, the follow	ram shall include, but	t not be	1229	· ·	gen an	Andread Andread States	
	(f) Specially areas rasidants to be ser to, behavior manag recreation, total co- technologies; This Statute is not The findings included. Two of three iso modified diets. The low cholesteral, fib- was reviewed on S AM and at 2:20 PM.	related to the GHMR ved including, but not perment, sexuality, no minunications, and a met as evidenced by	t limited frillion, selstive y: ceive added salt, macard that at 11:20	- <del>-</del> -	JPKI of CC is workin Waiver services to prenutritional reports. Coreports are completed will obtain signature and training will be pestaff.	ovide Ince all I, nurse from PCP	12/30/07	

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BTAYEMEN AND PLAN (	t of dericiencies of correction	(X1) PROMDER/SUPPLI IDENTIFICATION NO HFD12-0021	IMBER;	A, BUILDIN B. WING		(PR) CATE SO COMPLE (19/1)	JAVEY TED DI2007	
NAME OF P	ROVIDER OR SUPPLIER Y		4419 18T		87ATE. ZIP CC (1E 0018	<del></del> -		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATIONENT OF DOMICIENCE SY MUST BE PRECEDED BY LIIC IDENTIFYING INFORM	ruu.	PREFIX TAG	PR JUDERS PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	n should be Eappropriate	CONNECTAL DATE	
I 259	had been in the G months. The Dop on September 7, 2 attempted to seek	r 10, 2007 that the nu HMRP within the last July Director acknowle 2007, both sha and the documents that evid aver, were unable to	couple of edged that is surveyor enced	1229	Training records will be within the residence for review. This task will be quarterly by Program Ma Quality Assurance.	future monitored	11/30/07	,
	on September 10, be verified through the staff listed on provided training a sexuality, recreated (hospital beds).  The training doou computerized listing system that the character was said to have:	v of the training record 2007 at 11:40 AM, it no original documental the staffing achedule on behavioral menagon, or sestive technoments observed wereng of names and a checked the trainings tatended. Actual altered through signature.	could not tion that had been ament, logy seck off hat staff ndence		Nurse will provide assist technology training for the beds. This training will documented and filed in record at the residence, documentation will be puthrough HR for post-test document actually attend competency in material instructor's signature. The documents are maintained employee's personnel file.	he hospital be a training Training rovided s. Post tests lance, and these	11/30/07	
378	which describes to services and buris	NOIES  All have in place a pro- tile process for arraing to  als and for assuring to  volvement of algorifications.	ing funerat la	1378 RTG	employee a personner in	· · · · · · · · · · · · · · · · · · ·	egy ( men en en egy ( ) Millege e ( ) Tarri ( )	La Jenik C 4 menuni
	The findings inclu- The GHMRP fulle arranging funeral:	ot met to avidenced b de: d la describe the pro- services and burisls i mbers who decept th	 Deas for <sub>My</sub> . Or those at	· <del>·</del>	Final plans will be docu discussed at the individu Individual Plan meeting	raIs'	12/30/07	The second section of the section of th

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	·				•			09/24/2007 NPPROVED	
BTATEMENT OF CEFFORENCIES (X1) ITEMADER/BLEFFLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0621		MBER:	603 MULTIPLE CONSTRUKTION A BUILDING B. WING		DOI DATE SURVEY COMPLETED  09/10/2007				
NAME OF D	ROYDER OR BUPPLIER	IN PIE-VALL	STREET ADORGS	S CITY.	STATE, ZIP CC CE				
KENNED		,	4418 19TH 87 WASHINGTO	r. NE	· ·				alle to Washington and
(X4) ID PREFIX TAG	SUMMARY BTA (EACH OEFICIENC) REGULAYORY OR L	TEMPIT OF DIF IDENCE Y NUST BE PRECEDED BY SC: IDENTIFYING INFORM	P FULL P ATION)	id Repix Tag	PRIMOGRA PLAI (EACH CORRECTIVE CROSS-REFERENCED OCHIC	LOHE NOTES	LDBE	COMPLETE DATE	
1 378		rengement of burials		178 179	JPKI of CC will re- that provide final a accounts and be ma- the clients' monthly	mangement sintained th	rough	11/30/07	
,	each GHMRP shall Health, Health Fact unusual incident or interferes with a real arrangement, well to places the resident be made by telephon followed up by writing	enting requirement indiffy the Department indiffy the Department indifferent of any event which substantial in the second of the	nt of other stielly bare, living way atton shall shall be					ा बहुद्धाः — सम्भूतः <b>१५</b> ०० ।	. The same special state of the
	The findings includ The GHMRP felled Health, Health Facilityolving client #2 the health facility for notific telephone and was	met us evidenced by e: to notify the Departs Rides Division of an ion April 30, 2007 an iving client #9 on July silton was not made not followed up by wanty-four (24) hours	ment of ncident de 8,	is standa	See attached. Each conducted in according Regulations as well incident managements with the second se	dance to Di il as JPKI o ent policy.	D\$ fCC's	11/30/07	na i za za przed postania na pod podowe specificacja u dosta z za za za za przed postania na pod podowe specificacja u dosta z
	The most recent in provided during sur 2003,	cident management niay waa dated Augu	policy st 19,						
1 396	3520,2(h) PROFES PROVISIONS	SENON SERVICES: (	SENERAL 13	898					
	professional staff to	It have avallable qual o carry out and moni loval interventions, in	tor .	:	Take the access to	na - 33 i 10a i	* .en; .a		
Hesita Repu STATE POR	lation Administration M		8400	-	/B6Q11		n countribility	shael 13 of 16	

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(X/I) ID PREFIX TAG 1 398 C	gach periciency REGULATORY OR LI Continued From pa accordance with the advictual habilitation ecessary by the involvational service miled to, those sale	THEMONT OF DEFICIENCIES MUST BE PRECEDED BY NOT BE PRECEDED BY NOT BE BUTTERING INFORMATION OF BUTTERING INFORMATION OF BUTTERING IN DIGHT BE GOTTO BE BUTTERING IN THE BUTTERIN	4419 19TH S WASHINGTO UILL (ON)	ST. NE	STATE, ZIP CCI)E  20138  PROVIDER'S PLAN OF CORRECTIVE ACTION SM CROSS-SEPTRENCED TO THE APP DEPICIENCY)	JTION DULD BE ROPRIATE	(XI) CICIMPLETS EATE	
(XI) ID PREFIX TAG I 398 C	gach periciency REGULATORY OR LI Continued From pa accordance with the advictual habilitation ecessary by the involvational service miled to, those sale	ELEMENT OF DEFICIENCIES (MUST BE PRECEDED BY MEDIT BE	WASHINGTO	DN, DC 2	PRIVADER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD TO THE APP	TTION DULD BE ROPRIATE	COS) COMPLETE DATE	
1398 C	gach periciency REGULATORY OR LI Continued From pa accordance with the advictual habilitation ecessary by the involvational service miled to, those sale	MUST BE PRECEDED BY PLACE IDENTIFYING INFORMATION OF THE PROPERTY OF THE PROPE	of every	PREFIX	PRIVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION BING CRICSS-VECHRENCED TO THE APP DEFICIENCY)	CTION OULD BE ROPRIATE	COMPLETE COMPLETE CATE	
ai in pr iir to	ecorriance with the advidual habilitation ecessary by the in- professional service mited to, those ser-	e gosts and objectives n plan, se determined terdisciplinary team. Ti	of every	398				_
d	amad, quaimed, an district of Columbia disciplines or areas h) Social Work;	vices provided by indiv nd licensed as required law in the following	ine 1 be viduals					
TI Dik W	he finding included buring review of co censes on Septem rea discovered that cense for another:	niet as evidenced by: s: intracts and profession itier 10, 2007 at 1:08 P t the Social Worker ha state and not the city in ind (District of Columb	PM, it aid a mwhlch	-	Quality Assurance will be my with Social Worker on 10/11 discuss current roles. Licens documentation will be requestrior to that meeting. (See as	/07 to c sted	10/15/07	The production of the control of the
	520.3 PROFESSIONS	ON SERVICES: GENE	RAL I	401				
ar de se de re	nd evaluation, Incl evelopmental (eva ervices, and servic eterioration or furti saldent.		nt nt	tr. Yal	 		aller array from	an orași și proprie de la companie d
	he finding include:			,	The psychiatric assessment i	d to	11/30/07	
D Tr th di th	bepakete on Septe The nurse stated the rescribed for beha- nere were monthly Hent was being mo	ministered Klonopin an mber 7, 2007 at 5:20 F at both medications wi vioral support. Althous documents to reflect the intered by the payoble synent to determine the	PM. ere gh, that the itrist,		complete psychiatric assessn required by 11/30/07.	nent as	,	·

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page I

STATEMENT OF DEFICIENCIES (X1) PROVIDER/CUPPLIER/C (AND PLAN OF CORRECTION (IDENTIFICATION NUMBER OF CORRECTION NU			R/CLIA LIBEQ:	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	COMPLETED (CT)			
HFD12-0021						<u> </u>			
KENNED	ROYIDER OR SUPPLIER		4419 19TH	DRESS. CITY, STATE, 2IP CC DE TH ST, NE CTON, DC 20018					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST SE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION)			PREFIX TAG	PRIVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	COMPLETE DATE			
1401	Continued From pa	d From page 14 1401							
	of the client of the of 2. The medical rec September 2007 pl was reviewed an State of the document revenue the country a psychiatric assessment.	<del>-</del>	ent#1 8:45 AM, Pas Warino		The psychiatric assessment i 4/04. The Psychiatrist agree complete psychiatric assess required by 11/30/07.	11/30/07			
1458	Each resident 's ac available to direct of daily.  This Statute is not There was no evide activity schedule. C 8,30 AM to 5,15 PM leave the facility with Staff indicated that meeting a family me along for the ride. C attempt to complete	mon and Training the card and t	be led out	1458	Weekly activities schedules maintained in the residence that clients are engaging in meaningful activities. This monitored quarterly by both Program Manager and Qual Assurance. Staff will receive additional training on how to document activities.	will be the	11/30/07		
lealth Regul STATE POR	etan Administration	·			86Q11		chart 10 pt 76		

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**PAG**€<sub>0</sub>,17<sub>4</sub>, 1-**33** - 1-1340